



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2012
OF THE CONDITION AND AFFAIRS OF THE

Coventry Health Care of West Virginia, Inc.

| | | | | | | |
|---------------------------------------|-------------------------------------|----------------|------------------------------------|--|---|------------|
| NAIC Group Code | 1137 | 1137 | NAIC Company Code | 95408 | Employer's ID Number | 55-0712129 |
| | (Current Period) | (Prior Period) | | | | |
| Organized under the Laws of | West Virginia | | | State of Domicile or Port of Entry | West Virginia | |
| Country of Domicile | United States | | | | | |
| Licensed as business type: | Life, Accident & Health [] | | Property/Casualty [] | | Hospital, Medical & Dental Service or Indemnity [] | |
| | Dental Service Corporation [] | | Vision Service Corporation [] | | Health Maintenance Organization [X] | |
| | Other [] | | | | Is HMO, Federally Qualified? Yes [] No [X] | |
| Incorporated/Organized | 08/11/1994 | | Commenced Business | | 01/02/1995 | |
| Statutory Home Office | 500 Virginia Street East, Suite 400 | | | Charleston, WV 25301 | | |
| | (Street and Number) | | | (City or Town, State and Zip Code) | | |
| Main Administrative Office | 9881 Mayland Drive | | Richmond, VA 23233 | | 717-671-2411 | |
| | (Street and Number) | | (City or Town, State and Zip Code) | | (Area Code) (Telephone Number) | |
| Mail Address | PO Box 67103, 3721 Tecport Drive | | Harrisburg, PA 17106-7103 | | | |
| | (Street and Number or P.O. Box) | | (City or Town, State and Zip Code) | | | |
| Primary Location of Books and Records | PO Box 67103, 3721 Tecport Drive | | Harrisburg, PA 17106-7103 | | 717-671-2411 | |
| | (Street and Number) | | (City or Town, State and Zip Code) | | (Area Code) (Telephone Number) | |
| Internet Web Site Address | www.cvty.com | | | | | |
| Statutory Statement Contact | Dane Jason Kreiss | | | 717-671-2411 | | |
| | (Name) | | | (Area Code) (Telephone Number) (Extension) | | |
| | dkreiss@cvty.com | | | 717-526-2888 | | |
| | (E-mail Address) | | | (FAX Number) | | |

OFFICERS

| Name | Title | Name | Title |
|-----------------------|---------------------------------------|--------------------|-----------------------|
| David Wilson Fields # | President and Chief Executive Officer | John K. Muraca | Vice President |
| Dane J. Kreiss # | Assistant Corporate Controller | Deloris V. Barrett | VP Network Management |

OTHER OFFICERS

| | | | |
|-----------------------|----------------------|---------------------|---------------------|
| Shirley Ann R. Smith | Secretary | Melinda L. Tuozzo | Assistant Treasurer |
| Johanthan D. Weinberg | Assistant Secretary | Michael L. Regis # | Actuary |
| John J. Ruhlmann | Corporate Controller | Jerome D. Dioguardi | Exec. VP & COO |

DIRECTORS OR TRUSTEES

| | | |
|-------------------|-----------------|------------------|
| David W, Fields # | Michael D. Bahr | Charles R. Stark |
|-------------------|-----------------|------------------|

State of

County of SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|--|---|---|
| David Wilson Fields President and Chief Executive Officer | Dane Jason Kreiss Assistant Corporate Controller | Shirley Ann Roquemore Smith Secretary |
| Subscribed and sworn to before me this _____ day of _____, | | a. Is this an original filing? Yes [X] No [] |
| _____ | | b. If no: |
| | | 1. State the amendment number _____ |
| | | 2. Date filed _____ |
| | | 3. Number of pages attached _____ |

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-----------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 39,727,958 | | 39,727,958 | 43,282,737 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$9,994,589), cash equivalents (\$0) and short-term investments (\$2,299,634) | 12,294,223 | | 12,294,223 | 9,680,326 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 52,022,181 | 0 | 52,022,181 | 52,963,063 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 374,431 | | 374,431 | 408,672 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 490,117 | | 490,117 | 400,629 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 66,991 | | 66,991 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 128,804 | | 128,804 | 25,842 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | 1,411,363 | 608,541 | 802,822 | 456,419 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | 42,193 | 42,193 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 1,146,304 | | 1,146,304 | 469,651 |
| 24. Health care (\$) and other amounts receivable | 10,081,694 | | 10,081,694 | 9,324,965 |
| 25. Aggregate write-ins for other than invested assets | 0 | 0 | 0 | 378,643 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 65,764,078 | 650,734 | 65,113,344 | 64,427,884 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 65,764,078 | 650,734 | 65,113,344 | 64,427,884 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | 0 | 0 |
| 1102. | | | 0 | 0 |
| 1103. | | | 0 | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaid Rent | | | 0 | 0 |
| 2502. State Tax Recoverable | | | 0 | 378,643 |
| 2503. | | | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 0 | 0 | 0 | 378,643 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$877,709 reinsurance ceded)..... | 18,665,528 | 1,148,629 | 19,814,157 | 13,574,422 |
| 2. Accrued medical incentive pool and bonus amounts | 5,212,081 | | 5,212,081 | 7,060,682 |
| 3. Unpaid claims adjustment expenses | 202,000 | | 202,000 | 268,093 |
| 4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | | | 0 | 636,186 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 1,224,896 | | 1,224,896 | 1,026,948 |
| 9. General expenses due or accrued | 690,922 | | 690,922 | 693,407 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$31,752 on realized gains (losses)) | 608,076 | | 608,076 | 1,116,884 |
| 10.2 Net deferred tax liability..... | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | 768 | | 768 | 786 |
| 13. Remittances and items not allocated | 230,244 | | 230,244 | 189,534 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 517,997 | | 517,997 | 621,565 |
| 16. Derivatives..... | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 7,896 | | 7,896 | 272,173 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 40 | 0 | 40 | 1,265,559 |
| 24. Total liabilities (Lines 1 to 23)..... | 27,360,448 | 1,148,629 | 28,509,077 | 26,726,239 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,000,000 | 1,000,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 84,840,983 | 84,840,983 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (49,236,716) | (48,139,338) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 36,604,267 | 37,701,645 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 65,113,344 | 64,427,884 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | 0 | |
| 2302. Abandoned Property Liability..... | 40 | | 40 | 40 |
| 2303. Medicaid Premium Liability..... | | | 0 | 1,265,519 |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 40 | 0 | 40 | 1,265,559 |
| 2501. | XXX | XXX | | 0 |
| 2502. | XXX | XXX | | 0 |
| 2503. | XXX | XXX | | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | 0 |
| 3002. | XXX | XXX | | 0 |
| 3003. | XXX | XXX | | 0 |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-------------|--------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months..... | XXX | 661,039 | 597,507 | 810,803 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 140,311,537 | 121,660,194 | 165,264,512 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 0 | 0 |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 95 | 96 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 140,311,537 | 121,660,289 | 165,264,608 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | 3,445,886 | 88,330,710 | 75,604,752 | 101,824,538 |
| 10. Other professional services | | 5,236,214 | 6,697,363 | 9,195,209 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | | 12,945,419 | 7,998,873 | 10,709,832 |
| 13. Prescription drugs | 0 | 3,408,724 | 2,589,644 | 3,664,042 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 494,080 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 4,447,728 | 3,904,149 | 6,616,365 |
| 16. Subtotal (Lines 9 to 15) | 3,445,886 | 114,862,875 | 96,794,781 | 132,009,986 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 329,883 | 684,988 | 958,476 |
| 18. Total hospital and medical (Lines 16 minus 17) | 3,445,886 | 114,532,992 | 96,109,793 | 131,051,510 |
| 19. Non-health claims (net)..... | | | 0 | 0 |
| 20. Claims adjustment expenses, including \$ cost containment expenses..... | | 4,590,292 | 5,314,936 | 6,899,949 |
| 21. General administrative expenses..... | | 10,143,642 | 9,059,850 | 13,706,300 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22) | 3,445,886 | 129,266,926 | 110,484,579 | 151,657,759 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 11,044,611 | 11,175,710 | 13,606,849 |
| 25. Net investment income earned | | 922,165 | 931,093 | 1,222,564 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ 233,917 | | 434,416 | 20,339 | 150,078 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 1,356,581 | 951,432 | 1,372,642 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | (13,769) | 7,253 | 14,656 |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 12,387,423 | 12,134,395 | 14,994,147 |
| 31. Federal and foreign income taxes incurred | XXX | 4,273,704 | 4,326,672 | 4,850,212 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 8,113,719 | 7,807,723 | 10,143,935 |
| DETAILS OF WRITE-INS | | | | |
| 0601. Other revenue..... | XXX | | 95 | 96 |
| 0602. | XXX | | 0 | 0 |
| 0603. | XXX | | 0 | 0 |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 95 | 96 |
| 0701. | XXX | | 0 | 0 |
| 0702. | XXX | | 0 | 0 |
| 0703. | XXX | | 0 | 0 |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. Other Medical Expenses..... | | 494,080 | 0 | 0 |
| 1402. | | | 0 | 0 |
| 1403. | | | 0 | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 494,080 | 0 | 0 |
| 2901. Market Conduct Audit Assessment..... | | 0 | 0 | 0 |
| 2902. | | | 0 | 0 |
| 2903. | | | 0 | 0 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 | 2 | 3 |
|--|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 37,701,645 | 33,885,361 | 33,885,361 |
| 34. Net income or (loss) from Line 32 | 8,113,719 | 7,807,723 | 10,143,935 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | 0 | 0 |
| 38. Change in net deferred income tax | 0 | 0 | (1,545,234) |
| 39. Change in nonadmitted assets | 488,903 | 4,037,453 | 4,217,583 |
| 40. Change in unauthorized reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | | 0 | 0 |
| 44.3 Transferred to surplus | | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | | 0 | 0 |
| 46. Dividends to stockholders | (9,700,000) | (9,000,000) | (9,000,000) |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | (1,097,378) | 2,845,176 | 3,816,284 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 36,604,267 | 36,730,537 | 37,701,645 |
| DETAILS OF WRITE-INS | | | |
| 4701. Adjustments to Unrealized Gains (Losses)..... | | 0 | 0 |
| 4702. | | 0 | 0 |
| 4703. | | 0 | 0 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 0 |

CASH FLOW

| | 1 | 2 | 3 |
|---|--------------|-------------|------------------|
| | Current Year | Prior Year | Prior Year Ended |
| | To Date | To Date | December 31 |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 139,783,811 | 122,410,570 | 166,351,251 |
| 2. Net investment income | 1,242,601 | 1,263,556 | 1,611,943 |
| 3. Miscellaneous income | 0 | 95 | 96 |
| 4. Total (Lines 1 to 3) | 141,026,412 | 123,674,221 | 167,963,290 |
| 5. Benefit and loss related payments | 110,101,818 | 96,715,847 | 129,055,795 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 16,449,078 | 14,430,395 | 20,981,138 |
| 8. Dividends paid to policyholders | | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 5,016,429 | 2,701,750 | 3,463,583 |
| 10. Total (Lines 5 through 9) | 131,567,325 | 113,847,992 | 153,500,516 |
| 11. Net cash from operations (Line 4 minus Line 10) | 9,459,087 | 9,826,229 | 14,462,774 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 27,296,191 | 5,557,557 | 14,242,819 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 27,296,191 | 5,557,557 | 14,242,819 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 23,359,274 | 5,234,329 | 14,745,529 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 1 | 0 | 1 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 23,359,275 | 5,234,329 | 14,745,530 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 3,936,916 | 323,228 | (502,711) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | 0 | 0 |
| 16.5 Dividends to stockholders | 9,700,000 | 9,000,000 | 9,000,000 |
| 16.6 Other cash provided (applied)..... | (1,082,105) | 2,288,375 | 227,910 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | (10,782,105) | (6,711,625) | (8,772,090) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 2,613,898 | 3,437,832 | 5,187,973 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 9,680,326 | 4,492,353 | 4,492,353 |
| 19.2 End of period (Line 18 plus Line 19.1) | 12,294,224 | 7,930,185 | 9,680,326 |

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Coventry Health Care of West Virginia, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-------------|---------------------------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 71,854 | .0 | 11,677 | .0 | .0 | .0 | .0 | .0 | 60,177 | .0 |
| 2 First Quarter | 73,390 | .0 | 11,918 | .0 | .0 | .0 | .0 | .0 | 61,472 | .0 |
| 3 Second Quarter | 74,204 | .0 | 12,220 | .0 | .0 | .0 | .0 | .0 | 61,984 | .0 |
| 4. Third Quarter | 73,955 | | 13,045 | | | | | | 60,910 | |
| 5. Current Year | 0 | | | | | | | | | |
| 6 Current Year Member Months | 661,039 | | 109,762 | | | | | | 551,277 | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 42,176 | | 42,176 | | | | | | .0 | |
| 8. Non-Physician | 479,936 | | 20,663 | | | | | | 459,273 | |
| 9. Total | 522,112 | 0 | 62,839 | 0 | 0 | 0 | 0 | 0 | 459,273 | 0 |
| 10. Hospital Patient Days Incurred | 26,801 | | 4,746 | | | | | | 22,055 | |
| 11. Number of Inpatient Admissions | 6,776 | | 1,199 | | | | | | 5,577 | |
| 12. Health Premiums Written (a)..... | 142,197,612 | | 41,363,959 | | | | | | 100,833,653 | |
| 13. Life Premiums Direct..... | .0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | .0 | | | | | | | | | |
| 15. Health Premiums Earned | 142,197,612 | | 41,363,959 | | | | | | 100,833,653 | |
| 16. Property/Casualty Premiums Earned | .0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 110,568,136 | | 34,969,301 | | | | | | 75,598,835 | |
| 18. Amount Incurred for Provision of Health Care Services | 114,862,875 | | 35,759,660 | | | | | | 79,103,215 | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
|---|---|---|--|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | 2,794,000 | 31,820,897 | | 5,972,347 | 2,794,000 | 5,081,869 |
| 2. Medicare Supplement | | | | | .0 | .0 |
| 3. Dental Only | | | | | .0 | .0 |
| 4. Vision Only | | | | | .0 | .0 |
| 5. Federal Employees Health Benefits Plan | | | | | .0 | .0 |
| 6. Title XVIII - Medicare | | | | | .0 | .0 |
| 7. Title XIX - Medicaid | 7,945,000 | 61,285,632 | 33,000 | 13,808,810 | 7,978,000 | 8,492,553 |
| 8. Other health | | | | | .0 | .0 |
| 9. Health subtotal (Lines 1 to 8)..... | 10,739,000 | 93,106,529 | 33,000 | 19,781,157 | 10,772,000 | 13,574,422 |
| 10. Health care receivables (a) | | | | | .0 | .0 |
| 11. Other non-health | | | | | .0 | .0 |
| 12. Medical incentive pools and bonus amounts | 1,574,082 | 4,722,247 | 1,303,020 | 3,909,061 | 2,877,102 | 7,060,682 |
| 13. Totals (Lines 9-10+11+12) | 12,313,082 | 97,828,776 | 1,336,020 | 23,690,218 | 13,649,102 | 20,635,104 |

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Coventry Health Care of West Virginia, Inc. the Company”) have been prepared in accordance with the accounting practices prescribed or permitted by the West Virginia Department of Insurance (DOI). Such practices differ in certain respects from generally accepted accounting principles in determining financial position and results of operations. Certain assets designated as non-admitted (e.g. receivables greater than 90 days old, prepaid assets, intangible assets, certain amounts of property and equipment, notes receivable and deferred taxes) are excluded from the balance sheet by a direct charge to surplus. Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as class 3-6 which are reported at the lower of amortized cost or fair market value.

The West Virginia Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of West Virginia for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under West Virginia insurance laws. The National Association of Insurance Commissioners’ (NAIC) “Accounting Practices and Procedures Manual” (APPM), version effective March 1, 2012, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of West Virginia. The State of West Virginia has not adopted any prescribed accounting practices that differ from those found in the NAIC SAP.

Net income for the nine months ended September 30, 2012 and statutory surplus as of September 30, 2012 as prescribed by the DOI and as prescribed by NAIC SAP is as follows:

| | |
|--|---------------|
| DOI net income for the nine months ended September 30, 2012 | \$ 8,113,719 |
| NAIC net income for the nine months ended September 30, 2012 | \$ 8,113,719 |
| DOI statutory surplus as of September 30, 2012 | \$ 36,604,267 |
| NAIC statutory surplus as of September 30, 2012 | \$ 36,604,267 |

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill

No change

4. Discontinued Operations

No change

5. Investments

d. Loan Backed Securities

- 1. The Company uses a proprietary model for loss assumptions and widely accepted models for prepayment assumptions in valuing mortgage-backed and asset-backed securities with inputs from major third party data providers. It combines the effects of interest rates, volatility, and pre-payment speeds based on various scenario (Monte Carlo) simulations with credit loss analysis and resulting effective analytics (spreads, duration, convexity) and cash-flows on a monthly basis. Model assumptions are specific to asset class and collateral types and are regularly evaluated and adjusted where appropriate.
- 2. None
- 3. None
- 4. The fair market value, amortized cost and unrealized losses for structured securities (fair value is less than amortized cost for which an other-than-temporary impairment has not been recognized in earnings as a realized loss) owned as of September 30, 2012 are as follows:

| | Less than 12 months | 12 months or more |
|----------------------------|------------------------|----------------------|
| Mortgage Backed Securities | | |
| Fair Market Value | \$ 0 | \$ 0 |
| Amortized Cost | \$ 0 | \$ 0 |
| Unrealized Losses | \$ 0 | \$ 0 |

The structured securities have been in a continuous unrealized loss position for less than 12 months. There are no structured securities that have been in a continuous unrealized loss position for 12 months or longer.

- 5. There are a number of factors that are considered in determining if there is not an other-than-temporary-impairment on an investment, including but not limited to, debt burden, credit ratings, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream and economic prospects associated with the investment.

6. Joint Ventures, Partnerships and Limited Liability Corporations

No change

7. Investment Income

NOTES TO FINANCIAL STATEMENTS

No change

8. Derivative Instruments

No change

9. Income Taxes

No change

10. Information Concerning Parents, Subsidiaries and Affiliates -
a-c. No change

d. Amounts due from related parties and due to related parties are as follows:

| | |
|---|---------------------|
| Due from Related Parties | |
| Coventry Health Care, Inc. | \$ <u>1,146,304</u> |
| Due to Related Parties | |
| HealthAmerica Pennsylvania, Inc | \$ 354 |
| Southern Health Services, Inc. | 368,380 |
| Coventry Health & Life of West Virginia | <u>149,263</u> |
| Total Due to Related Parties | |
| | \$ <u>517,997</u> |

G. On August 19, 2012, the Company’s parent, Coventry Health Care, Inc. (“Coventry”), Aetna Inc. (“Aetna”) and Jaguar Merger Subsidiary, Inc. (“Merger Sub”) entered into an Agreement and Plan of Merger (as amended, and as may be further amended), pursuant to which, subject to the satisfaction or waiver of certain conditions, Merger Sub will be merged with and into Coventry, with Coventry surviving the merger as a wholly-owned subsidiary of Aetna (the “Merger”).

The consummation of the Merger is subject to customary closing conditions, including, among others, the adoption of the Merger Agreement by Coventry’s stockholders, the absence of certain legal impediments to the consummation of the Merger, the receipt of specified governmental consents and approvals, the early termination or expiration of the waiting period under the Hart-Scott-Rodino Antitrust Improvement Act of 1976, and, subject to certain exceptions, the accuracy of representations and warranties made by the Company and Aetna, respectively, and compliance by the Company and Aetna with their respective obligations under the Merger Agreement. The Merger is not expected to close until mid-2013.

11. Debt

No change

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absence and Other Post-Retirement Benefit Plans

No change

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

9) The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

| | |
|--|------------|
| a. Unrealized gains and losses | \$ 0 |
| b. Non-admitted asset value | \$ 650,734 |
| c. Separate account business | \$ 0 |
| d. Asset valuation reserve | \$ 0 |
| e. Reinsurance in unauthorized companies | \$ 0 |

14. Contingencies

No change

15. Leases

No change

16. Information About Financials Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No change

NOTES TO FINANCIAL STATEMENTS

17.

Sales, Transfers and Servicing of Financial Assets and Extinguishment of Liabilities Wash Sales – No change
- C. Wash sales - None
18.

Gain or Loss to Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans
- No change
19.

Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
- No change
20.

Fair Value Measurements
- A. and B. No Change
- C.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Not Practical (Carrying Value) |
|-------------------------------|----------------------|----------------------|---------------------|----------------------|-------------|--------------------------------|
| Bonds | \$ 41,699,014 | \$ 39,727,958 | \$ 0 | \$ 41,699,014 | \$ 0 | \$ 41,699,014 |
| Short-term investments | <u>2,600,270</u> | <u>2,600,271</u> | <u>2,600,271</u> | <u>0</u> | <u>0</u> | <u>2,600,270</u> |
| Total | <u>\$ 44,299,284</u> | <u>\$ 42,328,229</u> | <u>\$ 2,600,271</u> | <u>\$ 41,669,014</u> | <u>\$ 0</u> | <u>\$ 44,299,284</u> |

21.

Other Items - No change
- G. Sub prime mortgage related risk exposure – No change
22.

Events Subsequent
- None
23.

Reinsurance
- No change
24.

Retrospectively Rated Contracts and Contracts Subject to Redetermination
- No change
25.

Change in Incurred Claims and Claims Adjustment Expense
- Reserves as of September 30, 2012 were \$ 25,026,238. As of September 30, 2012, \$ 12,313,082 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$ 1,336,020 as a result of re-estimation of unpaid losses and loss adjustment expenses principally on HMO and Medicaid lines of insurance. Therefore, there has been \$ 6,986,002 of favorable prior year development since December 31, 2011. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. There are no retrospectively rated contracts that are subject to redetermination.
26.

Intercompany Pooling Arrangements
- No change
27.

Structured Settlements
- No change
28.

Health Care Receivables
- No change
29.

Participating Policies
- No change
30.

Premium Deficiency Reserve
- No change

NOTES TO FINANCIAL STATEMENTS

31. Anticipated Salvage and Subrogation

No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☒ No ☐

If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐

If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2007
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2007
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/05/2009
- 6.4

By what department or departments?

West Virginia Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ NA ☐
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

| 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|---------------------------|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
| | | | | | |

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes ☒ No ☐
- 9.11

If the response to 9.1 is No, please explain:
.....
- 9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes ☒ No ☐
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$1,146,304

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes ☐ No ☒
- 11.2

If yes, give full and complete information relating thereto:
.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:\$
13.

Amount of real estate and mortgages held in short-term investments:\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes ☐ No ☒
- 14.2

If yes, please complete the following:

| | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)..... | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |

- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes ☐ No ☒
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐
- If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

16.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1 | 2 |
|----------------------|-------------------|
| Name of Custodian(s) | Custodian Address |
| | |

16.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| | | |

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes [] No [X]

16.4 If yes, give full and complete information relating thereto:

| 1 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | Reason |
| | | | |

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 | 2 | 3 |
|---------------------------------|---------|---------|
| Central Registration Depository | Name(s) | Address |
| | | |

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [X] No []

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

| | |
|--|----------------|
| 1 Operating Percentages | |
| 1.1 A&H loss percent..... | 81.6 % |
| 1.2 A&H cost containment percent | 0.0 % |
| 1.3 A&H expense percent excluding cost containment expenses..... | % |
| 2.1 Do you act as a custodian for health savings accounts?..... | Yes [] No [X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... | \$ |
| 2.3 Do you act as an administrator for health savings accounts?..... | Yes [] No [X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... | \$ |

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Coventry Health Care of West Virginia, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

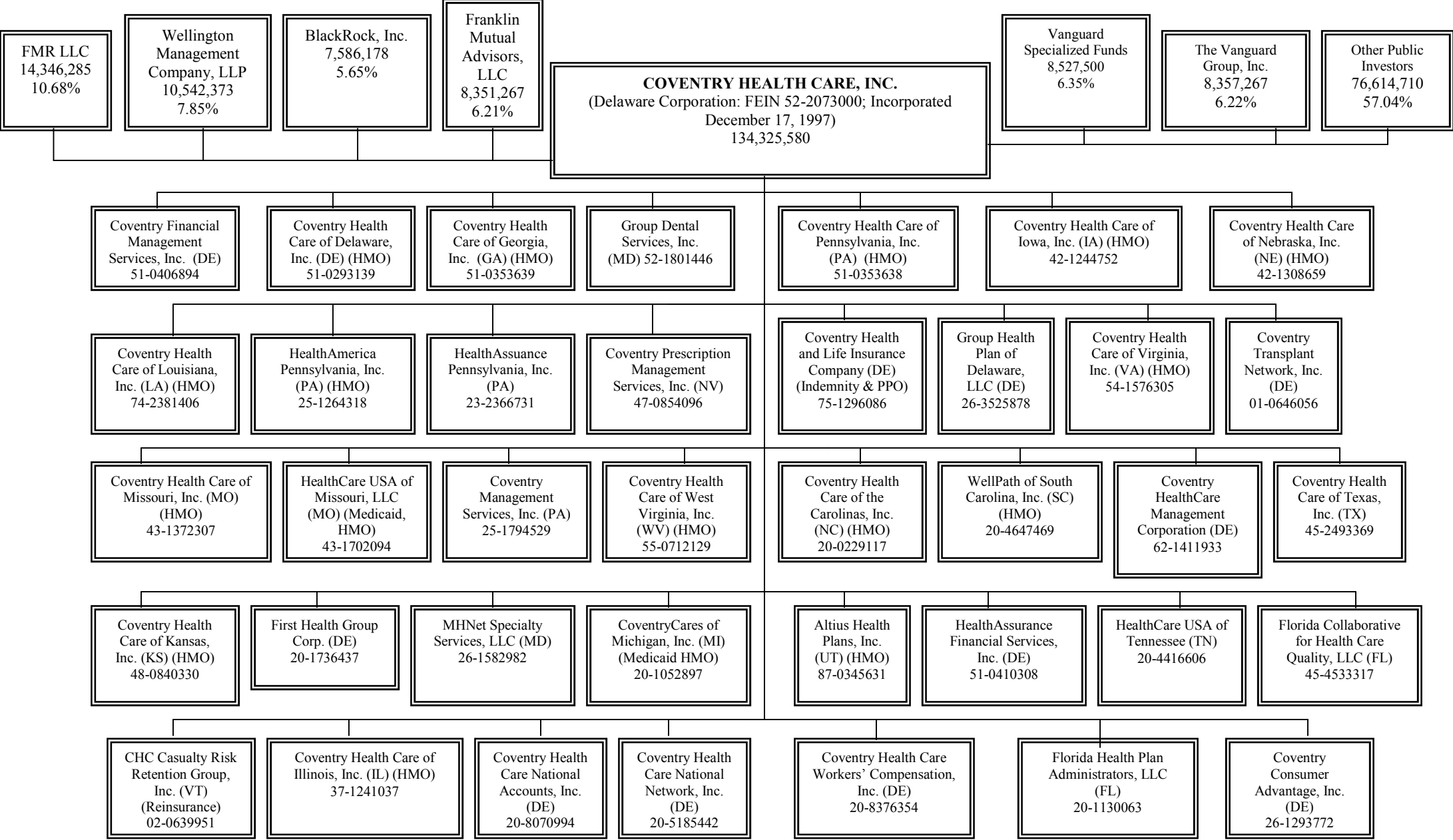
| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Is Insurer Authorized? (Yes or No) |
|---------------------------|---------------------------|------------------------|------------------------|----------------------------------|--------------------------------------|---|
| | | | NONE | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

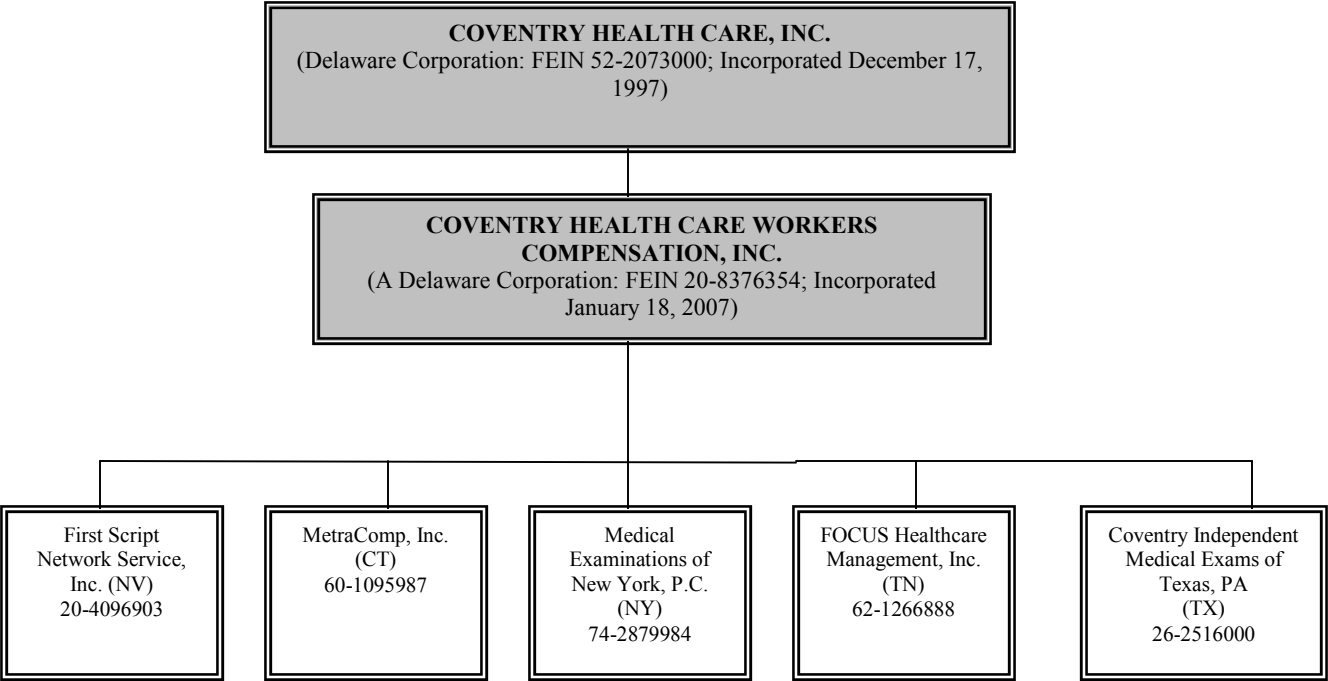
| Current Year to Date - Allocated by States and Territories | | | | | | | | | |
|---|------------------------|-------------------------------------|-------------------------------|-----------------------------|---|---|----------------------------------|--------------------------------|-----------------------------|
| States, Etc. | 1 Active Status | Direct Business Only | | | | | | | |
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life & Annuity Premiums & Other Considerations | 7 Property/ Casualty Premiums | 8 Total Columns 2 Through 7 | 9 Deposit-Type Contracts |
| 1. Alabama | AL | | | | | | | 0 | |
| 2. Alaska | AK | | | | | | | 0 | |
| 3. Arizona | AZ | | | | | | | 0 | |
| 4. Arkansas | AR | | | | | | | 0 | |
| 5. California | CA | | | | | | | 0 | |
| 6. Colorado | CO | | | | | | | 0 | |
| 7. Connecticut | CT | | | | | | | 0 | |
| 8. Delaware | DE | | | | | | | 0 | |
| 9. Dist. Columbia | DC | | | | | | | 0 | |
| 10. Florida | FL | | | | | | | 0 | |
| 11. Georgia | GA | | | | | | | 0 | |
| 12. Hawaii | HI | | | | | | | 0 | |
| 13. Idaho | ID | | | | | | | 0 | |
| 14. Illinois | IL | | | | | | | 0 | |
| 15. Indiana | IN | | | | | | | 0 | |
| 16. Iowa | IA | | | | | | | 0 | |
| 17. Kansas | KS | | | | | | | 0 | |
| 18. Kentucky | KY | | | | | | | 0 | |
| 19. Louisiana | LA | | | | | | | 0 | |
| 20. Maine | ME | | | | | | | 0 | |
| 21. Maryland | MD | | | | | | | 0 | |
| 22. Massachusetts | MA | | | | | | | 0 | |
| 23. Michigan | MI | | | | | | | 0 | |
| 24. Minnesota | MN | | | | | | | 0 | |
| 25. Mississippi | MS | | | | | | | 0 | |
| 26. Missouri | MO | | | | | | | 0 | |
| 27. Montana | MT | | | | | | | 0 | |
| 28. Nebraska | NE | | | | | | | 0 | |
| 29. Nevada | NV | | | | | | | 0 | |
| 30. New Hampshire | NH | | | | | | | 0 | |
| 31. New Jersey | NJ | | | | | | | 0 | |
| 32. New Mexico | NM | | | | | | | 0 | |
| 33. New York | NY | | | | | | | 0 | |
| 34. North Carolina | NC | | | | | | | 0 | |
| 35. North Dakota | ND | | | | | | | 0 | |
| 36. Ohio | OH | | | | | | | 0 | |
| 37. Oklahoma | OK | | | | | | | 0 | |
| 38. Oregon | OR | | | | | | | 0 | |
| 39. Pennsylvania | PA | | | | | | | 0 | |
| 40. Rhode Island | RI | | | | | | | 0 | |
| 41. South Carolina | SC | | | | | | | 0 | |
| 42. South Dakota | SD | | | | | | | 0 | |
| 43. Tennessee | TN | | | | | | | 0 | |
| 44. Texas | TX | | | | | | | 0 | |
| 45. Utah | UT | | | | | | | 0 | |
| 46. Vermont | VT | | | | | | | 0 | |
| 47. Virginia | VA | | | | | | | 0 | |
| 48. Washington | WA | | | | | | | 0 | |
| 49. West Virginia | WV | 41,363,959 | | 100,833,653 | | | | 142,197,612 | |
| 50. Wisconsin | WI | | | | | | | 0 | |
| 51. Wyoming | WY | | | | | | | 0 | |
| 52. American Samoa | AS | | | | | | | 0 | |
| 53. Guam | GU | | | | | | | 0 | |
| 54. Puerto Rico | PR | | | | | | | 0 | |
| 55. U.S. Virgin Islands | VI | | | | | | | 0 | |
| 56. Northern Mariana Islands | MP | | | | | | | 0 | |
| 57. Canada | CN | | | | | | | 0 | |
| 58. Aggregate other alien | OT | XXX0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 41,363,959 | 0 | 100,833,653 | 0 | 0 | 0 | 142,197,612 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | 0 | |
| 61. Total (Direct Business) | (a) 0 | 41,363,959 | 0 | 100,833,653 | 0 | 0 | 0 | 142,197,612 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 5801. | XXX | | | | | | | 0 | |
| 5802. | XXX | | | | | | | 0 | |
| 5803. | XXX | | | | | | | 0 | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and other Alien.

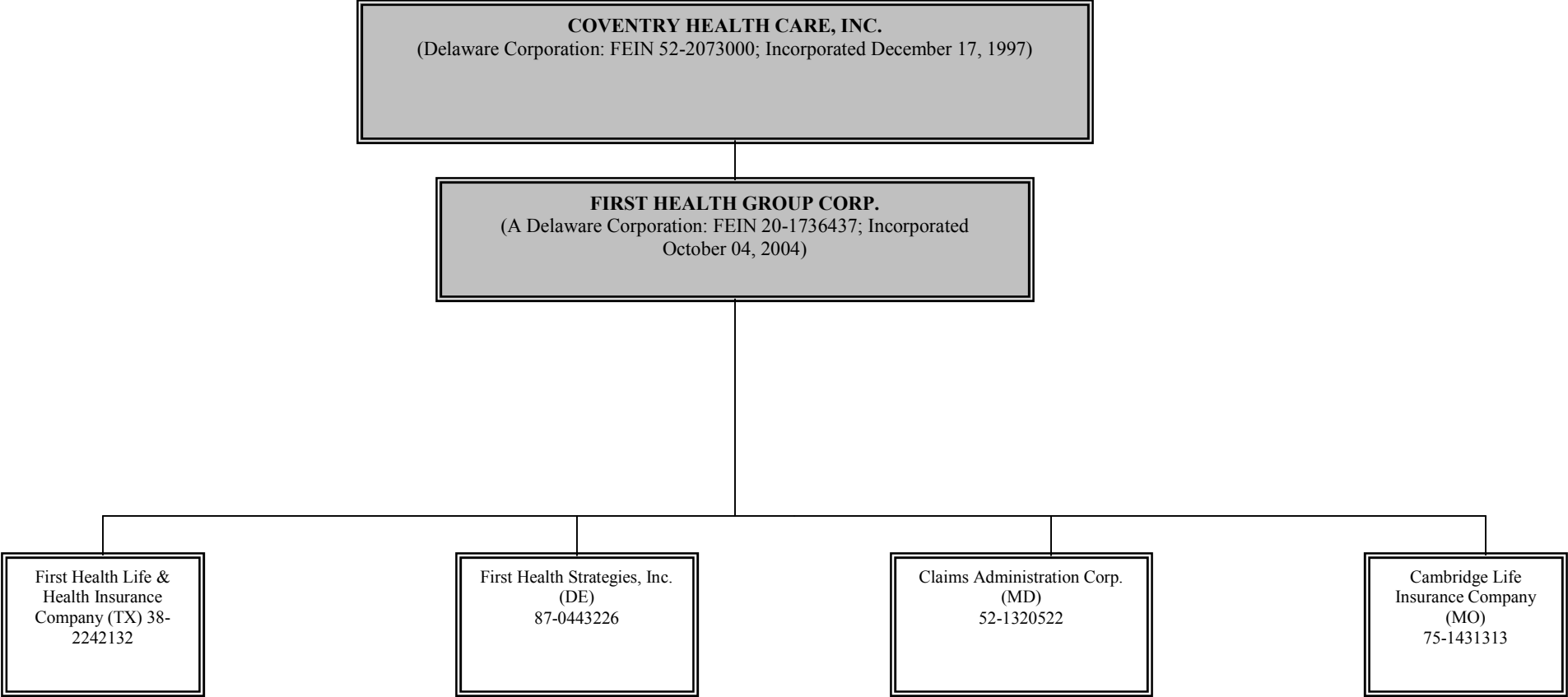
COVENTRY HEALTH CARE, INC. ORGANIZATIONAL CHART (AS OF SEPTEMBER 30, 2012)



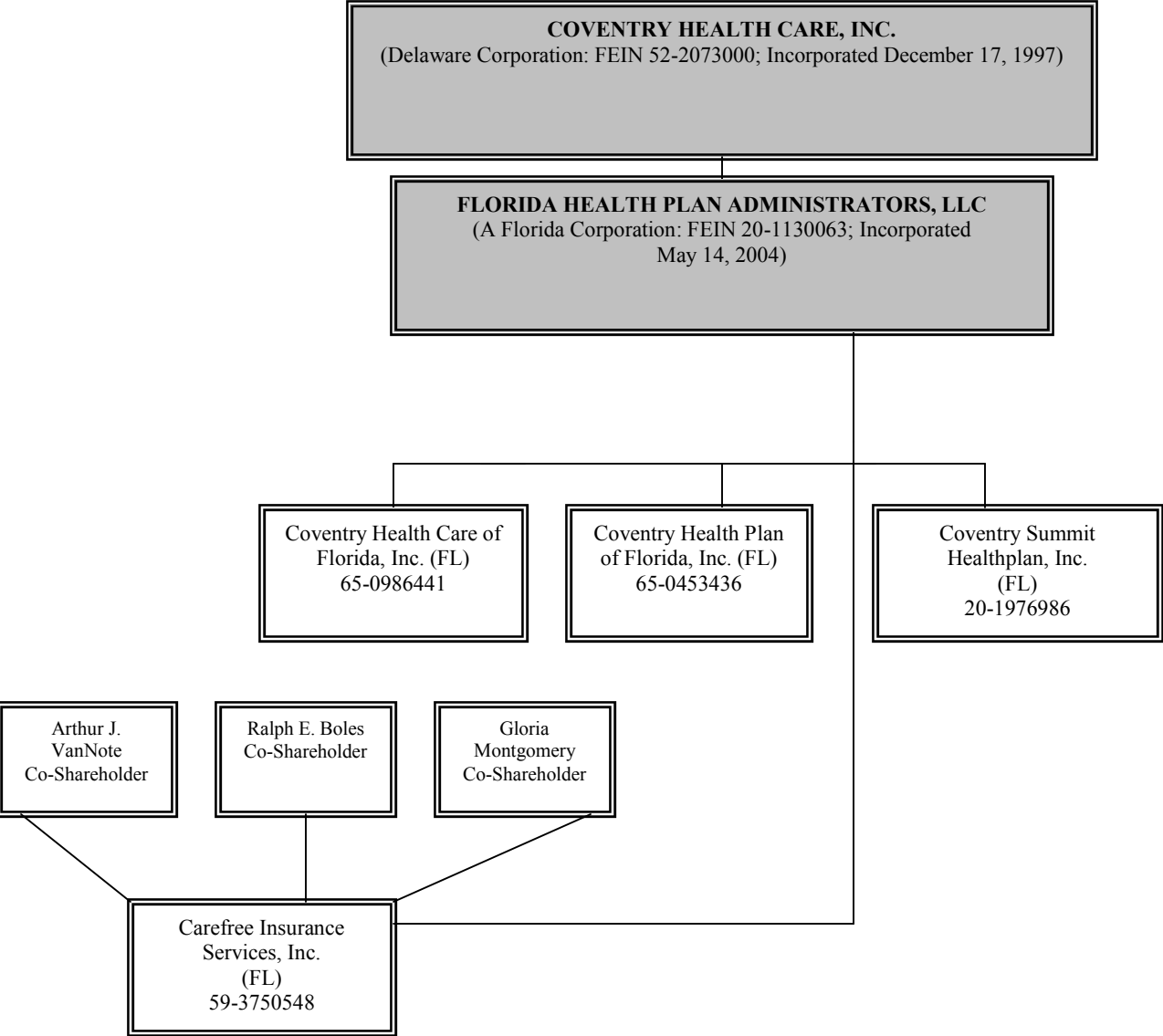
COVENTRY HEALTH CARE, INC. ORGANIZATIONAL CHART (AS OF SEPTEMBER 30, 2012)



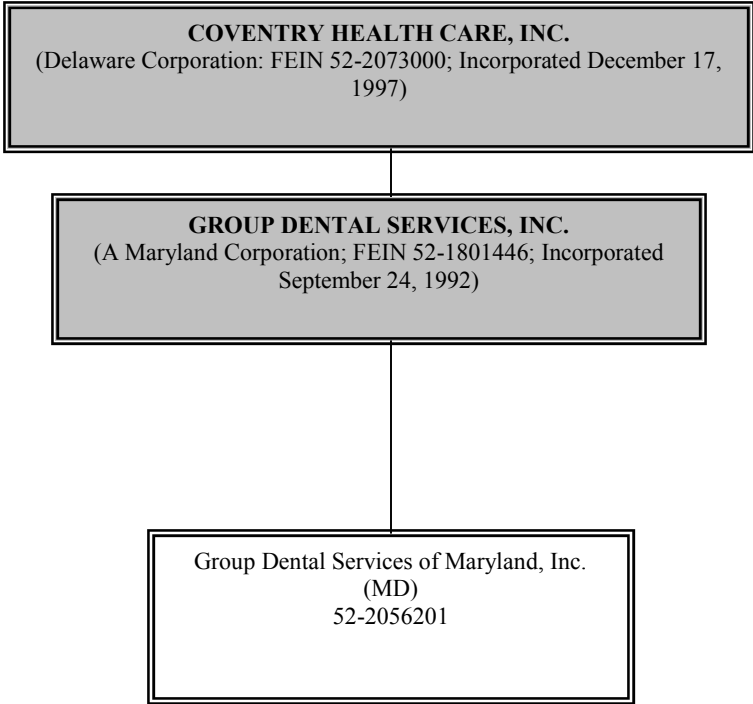
COVENTRY HEALTH CARE, INC. ORGANIZATIONAL CHART (AS OF SEPTEMBER 30, 2012)



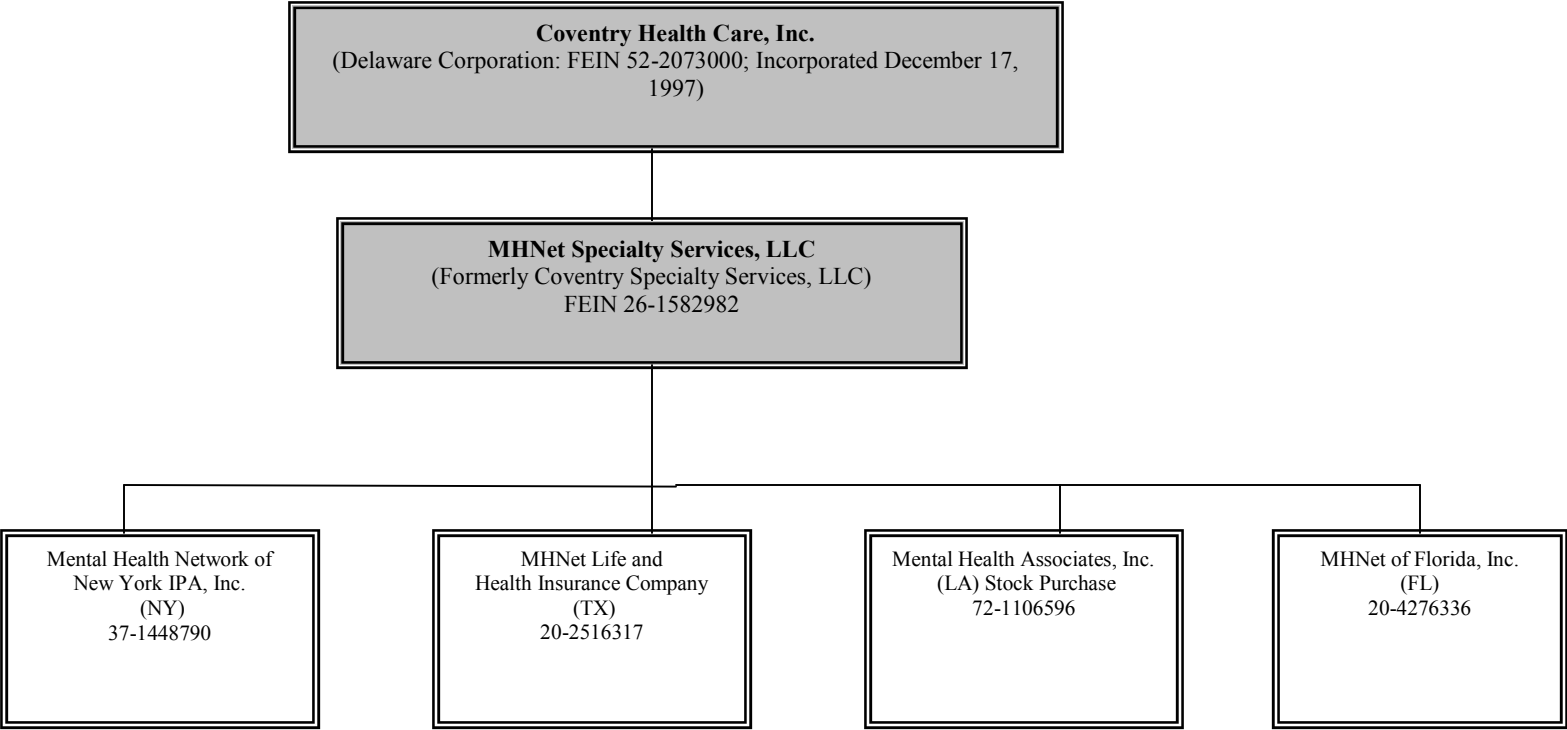
COVENTRY HEALTH CARE, INC. ORGANIZATIONAL CHART (AS OF SEPTEMBER 30, 2012)



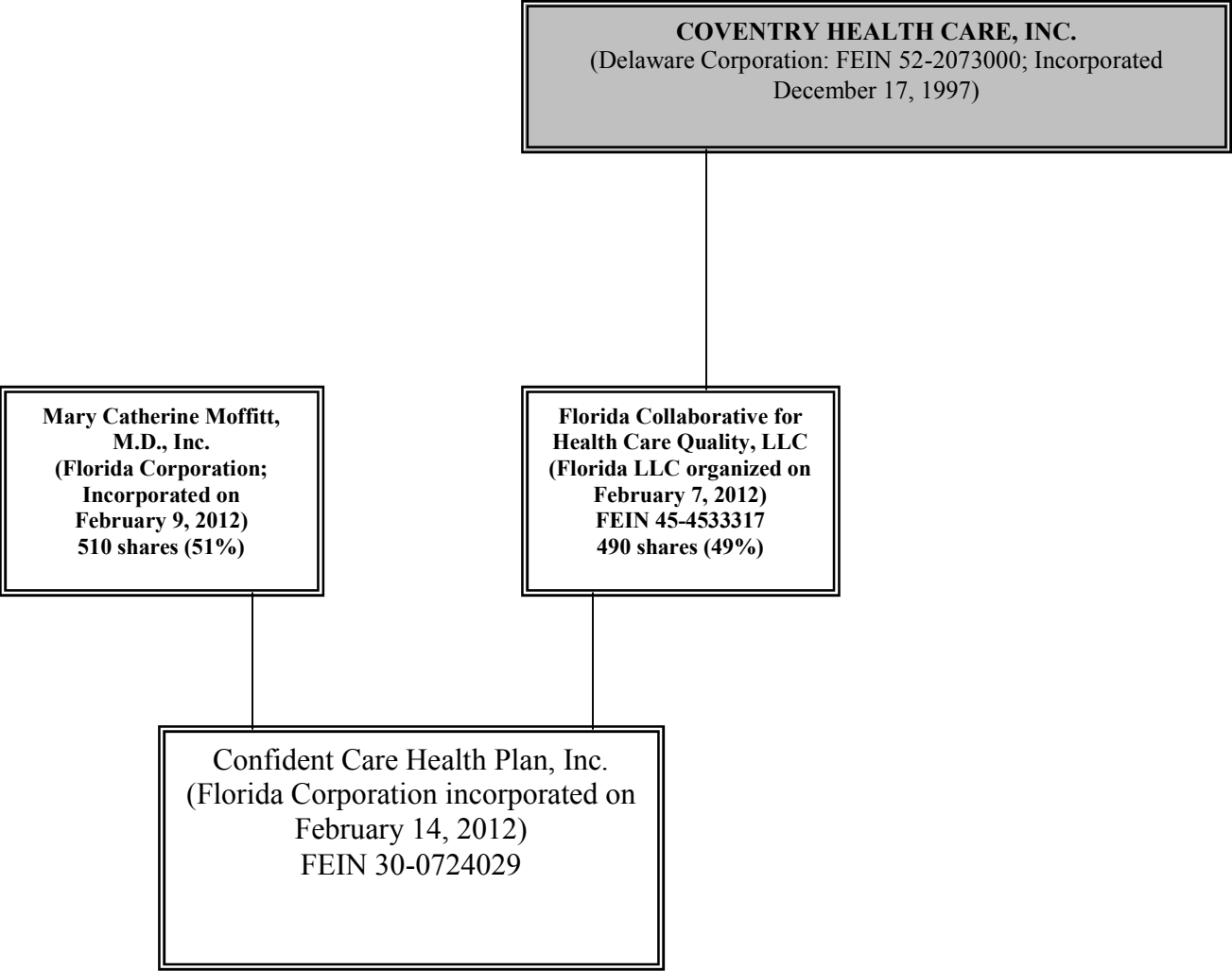
COVENTRY HEALTH CARE, INC. ORGANIZATIONAL CHART (AS OF SEPTEMBER 30, 2012)



COVENTRY HEALTH CARE, INC. ORGANIZATIONAL CHART (AS OF SEPTEMBER 30, 2012)



COVENTRY HEALTH CARE, INC. ORGANIZATIONAL CHART (AS OF SEPTEMBER 30, 2012)



SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|-------------------------------|-------------------|-------------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|---|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Name of Parent Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/ Person(s) | * |
| 01137..... | Coventry Health Care Inc..... | | 52-2073000..... | | | | Coventry Health Care Inc..... | DE..... | UDP..... | | | | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 81973..... | 75-1296086..... | | | | Coventry Health & Life Insurance Co..... | DE..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 51-0406894..... | | | | Coventry Financial Mgmt Services, Inc..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 96460..... | 51-0293139..... | | | | Coventry Health Care of Delaware, Inc..... | DE..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95282..... | 51-0353639..... | | | | Coventry Health Care of Georgia, Inc..... | GA..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 52-1801446..... | | | | Group Dental Services, Inc..... | MD..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95283..... | 51-0353638..... | | | | Coventry Health Care of Pennsylvania, In..... | PA..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95241..... | 42-1244752..... | | | | Coventry Health Care of Iowa, Inc..... | IA..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95925..... | 42-1308659..... | | | | Coventry Health Care of Nebraska, Inc..... | NE..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95173..... | 74-2381406..... | | | | Coventry Health Care of Louisiana, Inc..... | LA..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95060..... | 25-1264318..... | | | | HealthAmerica Pennsylvania Inc..... | PA..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 11102..... | 23-2366731..... | | | | HealthAssurance Pennsylvania, Inc..... | PA..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 47-0854096..... | | | | Coventry Prescription Mgmt Svcs, Inc..... | NV..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 26-3525878..... | | | | Group Health Plan of Delaware, LLC..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 96555..... | 54-1576305..... | | | | Coventry Health Care of Virginia, Inc..... | VA..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 01-0646056..... | | | | Coventry Transplant Network, Inc..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 96377..... | 43-1372307..... | | | | Coventry Health Care of Missouri, Inc..... | MO..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95318..... | 43-1702094..... | | | | HealthCare USA of Missouri, LLC..... | MO..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 25-1794529..... | | | | Coventry Management Services, Inc..... | PA..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95408..... | 55-0712129..... | | | | Coventry Health Care of West Virginia, Inc..... | WV..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95321..... | 20-0229117..... | | | | Coventry Health Care of the Carolinas, Inc..... | NC..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 12604..... | 20-4647469..... | | | | Wellpath of South Carolina, Inc..... | SC..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 62-1411933..... | | | | Coventry Health Care Mgmt Corp..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 14348..... | 45-2493369..... | | | | Coventry Health Care of Texas, Inc..... | TX..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0..... | Coventry Health Care Inc..... | |

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|-------------------------------|-------------------|-------------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|---|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Name of Parent Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/ Person(s) | * |
| 01137..... | Coventry Health Care Inc..... | 95489..... | 48-0840330..... | | | | Coventry Health Care of Kansas, Inc..... | KS..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 20-1736437..... | | | | First Health Group Corp..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 26-1582982..... | | | | MHNet Specialty Services, LLC..... | MD..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 12193..... | 20-1052897..... | | | | CoventryCares of Michigan, Inc..... | MI..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95407..... | 87-0345631..... | | | | Altius Health Plans, Inc..... | UT..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 51-0410308..... | | | | HealthAssurance Financial Services, Inc..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 20-4416606..... | | | | HealthCare USA of Tennessee, LLC..... | TN..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 11531..... | 02-0639951..... | | | | CHC Casualty Risk Retention Group, Inc..... | VT..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 74160..... | 37-1241037..... | | | | Coventry Health Care of Illinois, Inc..... | IL..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 20-8070994..... | | | | CHC National Accounts, Inc..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 20-5185442..... | | | | CHC National Network, Inc..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 20-8376354..... | | | | CHC Workers' Compensation, Inc..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 20-1130063..... | | | | Florida Health Plan Administrators, LLC..... | FL..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 26-1293772..... | | | | Coventry Consumer Advantage, Inc..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 20-4096903..... | | | | First Script Network Services, Inc..... | NV..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 06-1095987..... | | | | MetraComp, Inc..... | CT..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 74-2879984..... | | | | Medical Examinations of NY, P.C..... | NY..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 62-1266888..... | | | | FOCUS Healthcare Management, Inc..... | TN..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 26-2516000..... | | | | Coventry Ind. Medical Exam of TX, PA..... | TX..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 90328..... | 38-2242132..... | | | | First Health Life & Health Ins Co..... | TX..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 87-0443226..... | | | | First Health Strategies, Inc..... | DE..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | | 52-1320522..... | | | | Claims Administration Corp..... | MD..... | NIA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 81000..... | 75-1431313..... | | | | Cambridge Life Insurance Co..... | MO..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |
| 01137..... | Coventry Health Care Inc..... | 95114..... | 65-0986441..... | | | | Coventry Health Care of Florida, Inc..... | FL..... | IA..... | Coventry Health Care Inc..... | Ownership..... | 100.0 | Coventry Health Care Inc..... | |

16.2

[illegible]

| Asterisk | Explanation |
|----------|-------------|
|----------|-------------|

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | .0 | .0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | .0 |
| 2.2 Additional investment made after acquisition | | .0 |
| 3. Current year change in encumbrances | | .0 |
| 4. Total gain (loss) on disposals | | .0 |
| 5. Deduct amounts received on disposals | | .0 |
| 6. Total foreign exchange change in book/adjusted carrying value | | .0 |
| 7. Deduct current year's other than temporary impairment recognized | | .0 |
| 8. Deduct current year's depreciation | | .0 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | .0 | .0 |
| 10. Deduct total nonadmitted amounts | .0 | .0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | .0 | .0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | .0 |
| 2.2 Additional investment made after acquisition | | .0 |
| 3. Capitalized deferred interest and other | | .0 |
| 4. Accrual of discount | | .0 |
| 5. Unrealized valuation increase (decrease) | | .0 |
| 6. Total gain (loss) on disposals | | .0 |
| 7. Deduct amounts received on disposals | | .0 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | | .0 |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | .0 |
| 10. Deduct current year's other than temporary impairment recognized | | .0 |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | .0 | .0 |
| 12. Total valuation allowance | | .0 |
| 13. Subtotal (Line 11 plus Line 12) | .0 | .0 |
| 14. Deduct total nonadmitted amounts | .0 | .0 |
| 15. Statement value at end of current period (Line 13 minus Line 14) | 0 | 0 |

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | .0 | .0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | .0 |
| 2.2 Additional investment made after acquisition | | .0 |
| 3. Capitalized deferred interest and other | | .0 |
| 4. Accrual of discount | | .0 |
| 5. Unrealized valuation increase (decrease) | | .0 |
| 6. Total gain (loss) on disposals | | .0 |
| 7. Deduct amounts received on disposals | | .0 |
| 8. Deduct amortization of premium and depreciation | | .0 |
| 9. Total foreign exchange change in book/adjusted carrying value | | .0 |
| 10. Deduct current year's other than temporary impairment recognized | | .0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | .0 | .0 |
| 12. Deduct total nonadmitted amounts | .0 | .0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 43,282,738 | 42,957,616 |
| 2. Cost of bonds and stocks acquired | 23,359,277 | 14,745,531 |
| 3. Accrual of discount | 3,883 | 7,320 |
| 4. Unrealized valuation increase (decrease) | .0 | .0 |
| 5. Total gain (loss) on disposals | 668,333 | 230,889 |
| 6. Deduct consideration for bonds and stocks disposed of | 27,296,195 | 14,242,819 |
| 7. Deduct amortization of premium | 290,078 | 415,799 |
| 8. Total foreign exchange change in book/adjusted carrying value | .0 | .0 |
| 9. Deduct current year's other than temporary impairment recognized | .0 | .0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 39,727,958 | 43,282,738 |
| 11. Deduct total nonadmitted amounts | .0 | .0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 39,727,958 | 43,282,738 |

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Coventry Health Care of West Virginia, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-----------------------------------|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. Class 1 (a)..... | 39,487,146 | 16,921,336 | 16,084,993 | (88,701) | 44,561,503 | 39,487,146 | 40,234,787 | 43,399,088 |
| 2. Class 2 (a)..... | 1,978,017 | 0 | 197,935 | (732) | 1,627,145 | 1,978,017 | 1,779,350 | 1,429,921 |
| 3. Class 3 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Class 4 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Class 5 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Class 6 (a)..... | 14,381 | 0 | 926 | 0 | 14,866 | 14,381 | 13,455 | 15,173 |
| 7. Total Bonds | 41,479,544 | 16,921,336 | 16,283,854 | (89,433) | 46,203,514 | 41,479,544 | 42,027,592 | 44,844,182 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Class 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Class 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Class 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Class 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Class 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 41,479,544 | 16,921,336 | 16,283,854 | (89,433) | 46,203,514 | 41,479,544 | 42,027,592 | 44,844,182 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$2,299,634 ; NAIC 2 \$0 ;
NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1
Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|---------|---------------------------------|-----------|-------------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year To Date | Paid for Accrued Interest Year To Date |
| 9199999 | 2,299,634 | XXX | 2,299,634 | 0 | 0 |

SCHEDULE DA - VERIFICATION
Short-Term Investments

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | 1,561,444 | 309,300 |
| 2. Cost of short-term investments acquired | 22,234,108 | 24,275,812 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease)..... | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 21,495,918 | 23,023,668 |
| 7. Deduct amortization of premium..... | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized..... | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 2,299,634 | 1,561,444 |
| 11. Deduct total nonadmitted amounts..... | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 2,299,634 | 1,561,444 |

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

SCHEDULE E - VERIFICATION
(Cash Equivalents)

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|----------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 0 | 72,936 |
| 2. Cost of cash equivalents acquired | 899,962 | 145,622 |
| 3. Accrual of discount | 38 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals..... | 0 | 0 |
| 6. Deduct consideration received on disposals | 900,000 | 218,558 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

E04

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 NAIC Designation or Market Indicator ^(a) |
|--|--------------------------------|---------|---------------|-------------------------------|------------------------------|----------------|-----------|--|--|
| CUSIP Identification | Description | Foreign | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | |
| Bonds - U.S. Governments | | | | | | | | | |
| 3137EA-DJ-5 | FREDDIE MAC. | | 08/13/2012 | BNP PARIBUS SECURITIES | | 1,506,513 | 1,500,000 | 2,042 | 1 |
| 0599999 - Bonds - U.S. Governments | | | | | | 1,506,513 | 1,500,000 | 2,042 | XXX |
| Bonds - U.S. Special Revenue | | | | | | | | | |
| 3138E9-E6-1 | FN AK4634 | | 07/20/2012 | CREDIT SUISSE | | 1,038,594 | 1,000,000 | 1,000 | 1 |
| 3138LS-JC-5 | FN A02058 | | 07/20/2012 | CREDIT SUISSE | | 1,038,594 | 1,000,000 | 1,000 | 1 |
| 3138M6-UJ-4 | FN AP3284 | | 07/20/2012 | CREDIT SUISSE | | 1,038,594 | 1,000,000 | 1,000 | 1 |
| 31418A-JV-1 | FN MA1175 | | 07/20/2012 | CREDIT SUISSE | | 1,038,594 | 1,000,000 | 1,000 | 1 |
| 59259Y-TP-4 | MET TRANSPRTN AUTH NY REVENUE | | 09/20/2012 | MORGAN STANLEY | | 329,967 | 275,000 | .0 | 1FE |
| 64971Q-ZR-7 | NEW YORK CITY NY TRANSITIONALF | | 09/11/2012 | EXCHANGE | | 99,505 | 90,000 | 1,625 | 1FE |
| 64971Q-ZW-6 | NEW YORK CITY NY TRANSITIONALF | | 09/11/2012 | EXCHANGE | | 563,860 | 510,000 | 9,208 | 1FE |
| 649902-2T-9 | NEW YORK ST DORM AUTH ST PERSO | | 07/18/2012 | UBS SECURITIES | | 335,310 | 275,000 | 6,035 | 1FE |
| 649902-3S-0 | NEW YORK ST DORM AUTH ST PERSO | | 09/19/2012 | HUTCHINSON SHOCKEY ERLEY & CO | | 339,985 | 275,000 | 344 | 1FE |
| 70917R-XG-5 | PENNSYLVANIA ST HGR EDUCNL FA | | 07/18/2012 | FIRST SOUTHWEST | | 396,035 | 325,000 | 7,764 | 1FE |
| 914719-QU-6 | UNIV OF NORTH CAROLINA NC AT G | | 07/11/2012 | CABRERA CAPITAL MARKETS | | 395,288 | 325,000 | 4,740 | 1FE |
| 927781-AG-1 | VIRGINIA ST CLG BLDG AUTH EDUC | | 07/26/2012 | FIDELITY CAPITAL MARKETS | | 468,023 | 375,000 | 6,354 | 1FE |
| 3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions | | | | | | 7,082,349 | 6,450,000 | 40,070 | XXX |
| Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | |
| 03523T-BP-2 | ANHEUSER-BUSCH INBEV WOR | | 07/11/2012 | BANK AMERICA | | 348,313 | 350,000 | .0 | 1FE |
| 90261X-GD-8 | UBS AG STAMFORD CT | E | 08/23/2012 | CITIGROUP GLOBAL MARKETS | | 554,600 | 500,000 | 1,625 | 1FE |
| 94974B-EV-8 | WELLS FARGO & COMPANY | | 07/19/2012 | J.P. MORGAN | | 459,648 | 400,000 | 5,776 | 1FE |
| 3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | 1,362,561 | 1,250,000 | 7,401 | XXX |
| 8399997 - Subtotals- Bonds - Part 3 | | | | | | 9,951,423 | 9,200,000 | 49,513 | XXX |
| 8399999 - Subtotals - Bonds | | | | | | 9,951,423 | 9,200,000 | 49,513 | XXX |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 9999999 Totals | | | | | | 9,951,423 | XXX | 49,513 | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0 .

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE Coventry Health Care of West Virginia, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|--|--------------------------------|---------|---------------|---------------------------|---------------------------|---------------|-----------|-------------|---|--|--|---|--------------------------------------|--|--|--|----------------------------------|-------------------------------|--|----------------------------------|--|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/Adjusted Carrying Value | Unrealized Valuation Increase/(Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in B./A.C.V. (11+12-13) | Total Foreign Exchange Change in B./A.C.V. | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation or Market Indicator (a) |
| Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | | | | | | | | | | | | | | | | |
| 040654-JW-6... | ARIZONA ST TRANSPRTN BRD | | 07/02/2012 | CALL BY ISSUER at 100.000 | | 500,000 | 500,000 | 534,135 | 503,956 | 0 | (3,956) | 0 | (3,956) | 0 | 500,000 | 0 | 0 | 0 | 26,250 | 07/01/2015 | 1FE |
| 041083-NJ-1... | HIGHW ARKANSAS ST DEV FIN AUTH | | 07/02/2012 | CALL BY ISSUER at 100.000 | | 11,000 | 11,000 | 11,707 | 11,617 | 0 | (617) | 0 | (617) | 0 | 11,000 | 0 | 0 | 0 | 619 | 01/01/2035 | 1FE |
| 3128MJ-RP-7... | SF MT FG 608493 | | 08/06/2012 | VARIOUS | | 1,032,480 | 1,000,000 | 1,018,281 | 0 | 0 | (475) | 0 | (475) | 0 | 1,017,807 | 0 | 14,673 | 14,673 | 5,982 | 05/01/2042 | 1 |
| 3128MJ-RT-9... | FG 608497 | | 08/06/2012 | VARIOUS | | 1,032,790 | 1,000,000 | 1,018,281 | 0 | 0 | (650) | 0 | (650) | 0 | 1,017,631 | 0 | 15,159 | 15,159 | 5,994 | 06/01/2042 | 1 |
| 3128PV-BD-1... | FG J15436 | | 09/01/2012 | MBS PAYMENT | | 26,059 | 26,059 | 26,812 | 26,225 | 0 | (167) | 0 | (167) | 0 | 26,059 | 0 | 0 | 0 | 705 | 05/01/2026 | 1 |
| 31292K-6A-0... | FG C03565 | | 09/01/2012 | MBS PAYMENT | | 41,540 | 41,540 | 40,885 | 41,383 | 0 | 157 | 0 | 157 | 0 | 41,540 | 0 | 0 | 0 | 1,124 | 12/01/2040 | 1 |
| 312963-US-8... | FG B11493 | | 09/01/2012 | MBS PAYMENT | | 18,753 | 18,753 | 19,035 | 18,804 | 0 | (51) | 0 | (51) | 0 | 18,753 | 0 | 0 | 0 | 625 | 01/01/2019 | 1 |
| 3132GK-ZN-9... | FG Q04649 | | 09/01/2012 | MBS PAYMENT | | 44,400 | 44,400 | 45,070 | 44,507 | 0 | (107) | 0 | (107) | 0 | 44,400 | 0 | 0 | 0 | 1,058 | 11/01/2041 | 1 |
| 3132GL-D2-7... | FG Q04921 | | 09/01/2012 | MBS PAYMENT | | 82,550 | 82,550 | 83,711 | 82,716 | 0 | (165) | 0 | (165) | 0 | 82,550 | 0 | 0 | 0 | 1,888 | 12/01/2041 | 1 |
| 3132GT-SB-9... | FG Q08642 | | 08/06/2012 | VARIOUS | | 1,032,777 | 1,000,000 | 1,018,281 | 0 | 0 | (311) | 0 | (311) | 0 | 1,017,970 | 0 | 14,807 | 14,807 | 5,992 | 05/01/2042 | 1 |
| 3132GT-SH-6... | FG Q08648 | | 09/01/2012 | MBS PAYMENT | | 5,341 | 5,341 | 5,439 | 0 | 0 | (2) | 0 | (2) | 0 | 5,341 | 0 | 0 | 0 | 28 | 06/01/2042 | 1 |
| 31371L-ZM-4... | FN 255548 | | 09/01/2012 | MBS PAYMENT | | 25,711 | 25,711 | 26,169 | 25,790 | 0 | (79) | 0 | (79) | 0 | 25,711 | 0 | 0 | 0 | 871 | 01/01/2020 | 1 |
| 3137A1-X9-9... | FHR 3719 LE | | 09/01/2012 | MBS PAYMENT | | 87,447 | 87,447 | 89,839 | 88,359 | 0 | (912) | 0 | (912) | 0 | 87,447 | 0 | 0 | 0 | 2,356 | 08/15/2028 | 1 |
| 3138A2-FV-6... | FN AH1079 | | 09/01/2012 | MBS PAYMENT | | 16,929 | 16,929 | 16,969 | 16,937 | 0 | (8) | 0 | (8) | 0 | 16,929 | 0 | 0 | 0 | 409 | 01/01/2026 | 1 |
| 3138E9-EG-1... | FN AK4634 | | 09/01/2012 | MBS PAYMENT | | 1,574 | 1,574 | 1,634 | 0 | 0 | 0 | 0 | 0 | 0 | 1,574 | 0 | 0 | 0 | 4 | 08/01/2042 | 1 |
| 3138LS-JC-5... | FN A02058 | | 09/01/2012 | MBS PAYMENT | | 1,591 | 1,591 | 1,653 | 0 | 0 | 0 | 0 | 0 | 0 | 1,591 | 0 | 0 | 0 | 4 | 08/01/2042 | 1 |
| 3138M6-UJ-4... | FN AP3284 | | 09/01/2012 | MBS PAYMENT | | 1,574 | 1,574 | 1,635 | 0 | 0 | 0 | 0 | 0 | 0 | 1,574 | 0 | 0 | 0 | 4 | 08/01/2042 | 1 |
| 313930-LE-0... | FHR 2619 YT | | 09/01/2012 | MBS PAYMENT | | 19,542 | 19,542 | 19,292 | 19,482 | 0 | 60 | 0 | 60 | 0 | 19,542 | 0 | 0 | 0 | 591 | 06/15/2017 | 1 |
| 31398W-5X-8... | FHR 3626 EJ | | 09/01/2012 | MBS PAYMENT | | 49,144 | 49,144 | 50,235 | 49,529 | 0 | (389) | 0 | (389) | 0 | 49,144 | 0 | 0 | 0 | 1,311 | 06/15/2037 | 1 |
| 31406G-TV-1... | FN 809764 | | 09/01/2012 | MBS PAYMENT | | 3,911 | 3,911 | 3,910 | 3,911 | 0 | 0 | 0 | 0 | 0 | 3,911 | 0 | 0 | 0 | 118 | 02/01/2020 | 1 |
| 31417Y-TC-1... | FN MA0546 | | 09/01/2012 | MBS PAYMENT | | 66,383 | 66,383 | 68,665 | 66,882 | 0 | (499) | 0 | (499) | 0 | 66,383 | 0 | 0 | 0 | 1,539 | 10/01/2025 | 1 |
| 31418A-JV-1... | FN MA1175 | | 09/01/2012 | MBS PAYMENT | | 2,572 | 2,572 | 2,672 | 0 | 0 | 0 | 0 | 0 | 0 | 2,572 | 0 | 0 | 0 | 6 | 09/01/2042 | 1 |
| 38378B-BF-5... | GNR 2012-9 C | | 09/11/2012 | CREDIT SUISSE | | 800,449 | 750,000 | 767,813 | 0 | 0 | (947) | 0 | (947) | 0 | 766,866 | 0 | 33,584 | 33,584 | 18,287 | 11/16/2052 | 1 |
| 60636X-FW-8... | MISSOURI ST HSG DEV COMMISSION | | 09/04/2012 | CALL BY ISSUER at 100.000 | | 30,000 | 30,000 | 30,038 | 30,020 | 0 | (20) | 0 | (20) | 0 | 30,000 | 0 | 0 | 0 | 1,613 | 09/01/2034 | 1FE |
| 64971M-FQ-0... | NEW YORK CITY NY TRANSITIONAL | | 09/11/2012 | EXCHANGE | | 663,364 | 600,000 | 687,870 | 672,221 | 0 | (8,857) | 0 | (8,857) | 0 | 663,364 | 0 | 0 | 0 | 25,833 | 11/01/2020 | 1FE |
| 736742-PT-8... | PORTLAND OR SWR SYS REVENUE | | 08/06/2012 | FIDELITY CAPITAL MARKETS | | 519,175 | 500,000 | 543,090 | 513,413 | 0 | (5,669) | 0 | (5,669) | 0 | 507,745 | 0 | 11,430 | 11,430 | 17,222 | 06/01/2013 | 1FE |
| 3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | 6,117,056 | 5,886,021 | 6,133,121 | 2,215,752 | 0 | (23,660) | 0 | (23,660) | 0 | 6,027,404 | 0 | 89,653 | 89,653 | 120,433 | XXX | XXX |
| Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | | | | | | | | | | |
| 059497-AX-5... | BACW 2007-1 A4 | | 07/17/2012 | FIRST TENNESSEE | | 851,484 | 750,000 | 753,780 | 751,485 | 0 | (303) | 0 | (303) | 0 | 751,182 | 0 | 100,302 | 100,302 | 25,967 | 01/15/2049 | 1FM |
| 123281-AG-2... | BLX 2001-2A A | | 09/25/2012 | MBS PAYMENT | | 1,926 | 1,926 | 926 | 926 | 0 | 0 | 0 | 0 | 0 | 926 | 0 | 1,000 | 1,000 | 10 | 01/25/2028 | 6FE |
| 15200W-AB-1... | CNP 2012-1 A2 | | 08/06/2012 | ROYAL BANK OF SCOTLAND US | | 130,645 | 125,000 | 125,000 | 0 | 0 | 0 | 0 | 0 | 0 | 125,000 | 0 | 5,645 | 5,645 | 1,500 | 10/15/2021 | 1FE |
| 539830-AT-6... | LOCKHEED MARTIN CORP | | 08/09/2012 | DEUTSCHE BANK | | 112,117 | 100,000 | 107,300 | 107,155 | 0 | (500) | 0 | (500) | 0 | 106,654 | 0 | 5,463 | 5,463 | 3,176 | 11/15/2019 | 1FE |
| 88732J-BA-5... | TIME WARNER CABLE INC | | 08/09/2012 | BNP PARIBUS SECURITIES | | 217,220 | 200,000 | 197,794 | 197,815 | 0 | 120 | 0 | 120 | 0 | 197,935 | 0 | 19,285 | 19,285 | 7,378 | 09/01/2021 | 2FE |
| 05567L-T3-1... | BNP PARIBAS | | 09/12/2012 | MORGAN STANLEY | | 445,272 | 400,000 | 387,316 | 387,473 | 0 | 779 | 0 | 779 | 0 | 388,252 | 0 | 57,020 | 57,020 | 23,278 | 01/15/2021 | 1FE |
| 3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | 1,758,664 | 1,576,926 | 1,572,116 | 1,444,854 | 0 | 96 | 0 | 96 | 0 | 1,569,949 | 0 | 188,715 | 188,715 | 61,309 | XXX | XXX |
| 8399997 - Subtotals - Bonds - Part 4 | | | | | | 7,875,720 | 7,462,947 | 7,705,237 | 3,660,606 | 0 | (23,564) | 0 | (23,564) | 0 | 7,597,353 | 0 | 278,368 | 278,368 | 181,742 | XXX | XXX |
| 8399999 - Subtotals - Bonds | | | | | | 7,875,720 | 7,462,947 | 7,705,237 | 3,660,606 | 0 | (23,564) | 0 | (23,564) | 0 | 7,597,353 | 0 | 278,368 | 278,368 | 181,742 | XXX | XXX |
| 9999999 Totals | | | | | | 7,875,720 | XXX | 7,705,237 | 3,660,606 | 0 | (23,564) | 0 | (23,564) | 0 | 7,597,353 | 0 | 278,368 | 278,368 | 181,742 | XXX | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues 0.

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

| Show Investments Owned End of Current Quarter | | | | | | | |
|---|-----------|-----------------------|--------------------------|-----------------------|--------------------------------------|--|-------------------------------------|
| 1 Description | 2 Code | 3 Date Acquired | 4 Rate of Interest | 5 Maturity Date | 6 Book/Adjusted Carrying Value | 7 Amount of Interest Due & Accrued | 8 Amount Received During Year |
| | | | NONE | | | | |
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| 8699999 Total Cash Equivalents | | | | | 0 | 0 | 0 |